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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/461,886 04/11/2003 OK H.F.

** FOREIGN APPLICATIONS *****
 NONE H.F.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Manuel Aguiar N.F.</i> Examiner's Signature Initials	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 3
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ADDRESS
 26360
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TITLE
 Mobile care framework

FILING FEE RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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